

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90085 021 ***150.00

DOCUMENT # K52975

1. Corporation Name

MANAGEMENT CONSULTING SPECIALIST, INC.

Principal Place of Business

94 SUNOLOA STRINGS TRAIL
BRYCEVILLE FL 32009
US

Mailing Address

RT. 2. BOX 1450
BRYCEVILLE FL 32009
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1988

4. FEI Number

59-2932210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 8570 Phillip Hwy

2a. Mailing Address

26 8570 Phillip Hwy

Suite, Apt. #, etc.

22 Suite 115

Suite, Apt. #, etc.

27 Suite 115

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL

Zip

24 32256

Country

25 Duval

Zip

29 32256

Country

30 Duval

9. Name and Address of Current Registered Agent

CASTEEL, JAMES E
1450 SUNOWA SPRING TRL
BRYCEVILLE FL 32009

10. Name and Address of New Registered Agent

81 Name

CASTEEL, James E

82 Street Address (P.O. Box Number is Not Acceptable)

8570 Phillip Hwy Suite 115

83

84 City

Jacksonville

FL

85 Zip Code

32256

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *James E. Casteel, Vice Pres*
Signature, typed or printed name of registered agent and title if applicable.

4-6-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV
NAME CASTEEL, JAMES E.
STREET ADDRESS ROUTE 2 BOX 1450
CITY-ST-ZIP BRYCEVILLE FL

☐ DELETE

TITLE DP
NAME CASTEEL, ELIZABETH
STREET ADDRESS 1450 SUNOWA SPRING TRL
CITY-ST-ZIP BRYCEVILLE FL 32009

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV
1.2 NAME *James Casteel, James E*
1.3 STREET ADDRESS *153 Indian Lake Rd*
1.4 CITY-ST-ZIP *Hawthorne, FL 32640*
☒ Change ☐ Addition

2.1 TITLE DP
2.2 NAME *Casteel Elizabeth*
2.3 STREET ADDRESS *153 Indian Lake Rd*
2.4 CITY-ST-ZIP *Hawthorne, FL 32640*
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James E. Casteel*
Signature and typed or printed name of signing officer or director

4-6-99 504-732-7596
Date Daytime Phone #

CR2E034 (11/98)